

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 05-02	2. STATE Maryland
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
		4. PROPOSED EFFECTIVE DATE August 1, 2004 <i>November</i>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.43		7. FEDERAL BUDGET IMPACT: a. FFY 2004 5 (\$625 10,420) b. FFY 2004 6 (\$7,000 12,500)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Revision, CMS-PM-91-4, Page 56e Revision, CMS-PM-91-4, Page 56f Revision, CMS-PM-91-4, Page 56g <i>See Attached page</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Revision CMS-PM-91-4, Page 562 (92-11) Revision, CMS-PM-91-4, Page 56f (92-11) Revision, CMS-PM-91-4, Page 56g (new) <i>See attached page</i>	
10. SUBJECT OF AMENDMENT: Charge a \$3 copay for adults in the fee-for-service program for emergency room visits that are determined to be non-emergent but treatment is still provided. The copayment cannot be charged if recipient only receives screening required by EMTALA.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Susan J. Tucker, Executive Director Office of Health Services	
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Nelson J. Sabatini</i>		16. RETURN TO: Susan J. Tucker, Executive Director OHS - DHMH 201 W. Preston St., 1 st floor Baltimore, MD 21201	
13. TYPED NAME: Nelson J. Sabatini			
14. TITLE: Secretary, Department of Health & Mental Hygiene			
15. DATE SUBMITTED: August 18, 2004			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 15, 2004		18. DATE APPROVED: NOV 15 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Kecorne Egan for Nancy B. O'Connor</i>	
21. TYPED NAME: Nancy B. O'Connor		22. TITLE: Acting Regional Administrator	
23. REMARKS: <i>Per Oct. 27, 2004 request, pen + ink revisions and entries for items 8 and 9.</i>			

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No: 0938-

State/Territory: Maryland

Citation 4.18 (b) (3) (Continued)

42 CFR 447.51
through
447.48

Unless a waiver under 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b) (2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☒ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

42 CFR 447.51
through 447.58

(iii) For the categorically needy, and qualified Medicare beneficiaries, Attachment 4.18-A specifies the:

(A) Service (s) for which charge (s) is applied;

(B) Nature of the charge imposed on each service;

(C) Amount (s) of and basis for determining the charge (s);

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No: 0938-

State/Territory: Maryland

(D) Method used to collect the charge (s);

Hospitals will be responsible to collect copay from the recipients. If the individual declares inability to pay at the time of service, the hospital may not deny service.

42 CFR 447.51
through 447.58

(E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; if an individual declares that he/she is unable to pay the charge at the time of services, the hospital must accept that assertion as proof of inability to pay

Providers are not allowed to deny services for recipients who are unable to pay the copay.

(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b); and

Hospitals are prohibited from charging copay on services meeting the requirements in 42 CFR 447.53 (b) (4) and for screening required to determine if emergency services are needed. In accordance with 4.18 (b), providers will be notified that no copayment will be charged for children under 21 years and pregnant women and individuals seeking family planning. Institutionalized individuals and individuals in hospice will not be charged the copayments. This requirement will be monitored through hotline complaints. All complaints will be investigated and resolved.

(G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a specified time period.

√ Not applicable. There is no maximum.

TN No. 05-02 Approval Date: NOV 15, 2004 Effective Date: NOV 1, 2004

Supercedes

TN No. 92-11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maryland

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prescription Services			\$1	Co-payment for each service supplied except for those specifically excluded in § 4.18 (b).
Services provided in hospital Emergency that do not meet Requirements of 42 CFR 447.53 (b) (4)			\$3	Co-payment for each visit except on screening to determine if emergency status exists. Average cost for emergency room visits is \$139.00.

TN No. 05-02
Supersedes
TN No. 93-04

Approval Date : NOV 15, 2004

Effective Date: NOV. 1, 2004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

B. The method used to collect cost sharing charges for categorically needy individuals:

- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers are not allowed to deny services for recipients who are unable to pay the copay.

TN No. 05-02_____

Supersedes _____ Approval Date: NOV 15, 2004

Effective Date: NOV 1, 2004

TN No. 91-19_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

1. Children Under 21 – Notation of age is included on MA card, in the EVS system and recipient information in the payment system.
2. Pregnant Women – Notation of pregnancy made by the prescriber or dispenser on the invoice or magnetic tape bill.
3. Institutionalized Individuals – Noted in the EVS system.
4. Emergency services that meet requirements in 42 CFR 447.53 (b).
5. Family Planning – Noted by NDC code identification for all exempted products.
6. Recipients in Hospice – Noted in EVS system.
7. Any complaints received by the state will be investigated and monitored.

E. Cumulative maximums on charges:

- ☒ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

TN No. 05-02

Supersedes

Approval Date: NOV 15, 2004

Effective Date: NOV 1, 2004

TN No. 91-19

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No: 0938-

State/Territory: Maryland

Citation 4.18 (c) (3) Unless a waiver under 42 CFR 431.55 (g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b) (2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

✓ 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 05-02_____

Supersedes _____ Approval Date NOV 15, 2004 Effective Date: November 1, 2004

TN No. 92-11

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No: 0938-

State/Territory: Maryland

Citation 4.18 (c) (3) (Continued)

447.51 through 447.58 (iii) For the medically needy, and other optional groups, Attachment 4.18-C specifies the:

- (A) Service (s) for which charge (s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount (s) of and basis for determining the charge (s);
- (D) Method used to collect the charge (s);

Hospitals will be responsible to collect copay from the recipients. If the individual declares inability to pay at the time of service, the hospital may not deny service.

TN No. 05-02

Supersedes Approval Date NOV 15, 2004 Effective Date: November 1, 2004

TN No. 92-11

Revision: HCFA-PM-91-4 (BPD)
August 1991

OMB No: 0938-

State/Territory: Maryland

Citation 4.18 (c) (3) (iii) (Continued)

447.51 through 447.58

(E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers; if an individual declares that he/she is unable to pay the charge at the time of services, the hospital must accept that assertion as proof of inability to pay

Providers are not allowed to deny services for recipients who are unable to pay the copay.

(F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b); and

Hospitals are prohibited from charging copay on services meeting the requirements in 42 CFR 447.53 (b) (4) and for screening required to determine if emergency services are needed. In accordance with 4.18 (b), providers will be notified that no copayment will be charged for children under 21 years and pregnant women and individuals seeking family planning. Institutionalized individuals and individuals in hospice will not be charged the copayments. This requirement will be monitored through hotline complaints. All complaints will be investigated and resolved.

(G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

√ Not applicable. There is no maximum.

TN No. 05-02

Supersedes _____ Approval Date NOV. 15, 2004 Effective Date November 1, 2004

TN No. New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: Maryland

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Prescription Services			\$1	Co-payment for each service supplied except for those specifically excluded in § 4.18 (b).
Services provided in hospital Emergency that do not meet Requirements of 42 CFR 447.53 (b) (4)			\$3	Co-payment for each visit except on screening to determine if emergency status exists. Average cost for emergency room visits is \$139.00.

TN No. 05-02

Supersedes

TN No. 93-04

Approval Date NOV 15, 2004

Effective Date: November 1, 2004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

B. The method used to collect cost sharing charges for medically needy individuals:

- ☒ Providers are responsible for collecting the cost sharing charges from individuals.
- ☐ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

Providers are not allowed to deny services for recipients who are unable to pay the copay.

TN No. 05-02
Supersedes Approval Date NOV 15, 2004 Effective Date: November 1, 2004
TN No. 91-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53 (b) are described below:

1. Children Under 21 – Notation of age is included on MA card, in the EVS system and recipient information in the payment system.
2. Pregnant Women – Notation of pregnancy made by the prescriber or dispenser on the invoice or magnetic tape bill.
3. Institutionalized Individuals – Noted in the EVS system.
4. Emergency services that meet requirements in 42 CFR 447.53 (b).
5. Family Planning – Noted by NDC code identification for all exempted products.
6. Recipients in Hospice – Noted in EVS system.
7. Any complaints received by the state will be investigated and monitored.

E. Cumulative maximums on charges:

- ☒ State policy does not provide for cumulative maximums.
- ☐ Cumulative maximums have been established as described below:

TN No. 05-02
Supersedes _____ Approval Date NOV 15, 2004 Effective Date: November 1, 2004____
TN No. 91-19